Sanitized Copy Approved for Release 2011/08/17: CIA-RDP80-00809A000600310526-3 COLFEL LEEL CONFIDENTIAL 50X1-HUM CLASSIF Samuel REPORT CE TRAIL BITTELLIGE FOR AGENCY INSURMATION FROM FOREIGN DOGLIMENTS OR HAD TO ADCASTS CD NO. DATE OF INFORMATION 1948 Yugoslavia COUNTRY Medical - Kala azər **SUBJECT** May 1950 DATE DIST. HOW **PUBLISHED** Book NO. OF PAGES WHERE **PUBLISHED** Belgrade SUPPLEMENT TO DATE Oct 1948 **PUBLISHED** REPORT NO. Serbo-Croatian LANGUAGE THIS IS UNEVALUATED INFORMATION

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KALA AZAR IN YUGOSLAVIA

Dr Jordan Tomic

Leishmaniasis (kala azar, "black fever," or new disease," as our people call it) is considered malarious. It has an epidemic course with periodic epidemic outbreaks.

Both rural and urban population suffer from kala azar, especially nursing babies and children in their early childhood, but neither older children nor adults are exempt.

It occurs throughout the year, but is most active in winter. All clinical forms are observed, the hepatolienal form of visceral leishmaniasis being the most common, i.e., splenomegalia and hepatatrophia, or vice versa. This results in anemia, relative and absolute leucopenia, and lymphomonocytosis.

Cutaneous leishmaniasis ranges from Pustula fistulosae in children to Bouton d'Orient in adults.

The onset is marked by high temperature in the evening or at night, rarely during the day, accompanied by a temporary hyperhidrosis, especially after the temperature takes on cyclic variations in the later stage. Trepidations are rare. Usually there is a dry guttural cough.

In the main, the disease pursues a mild, chronic course and responds well to antimonic treatment. Exceptions are cases where there is an epidemic exacerbation and the attack is lightning-like, malignant, and fatal in spite of treatment.

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Various complications arise during to course of the disease.

Treatment with untimony leads to a rapid improvement of the general condition and to recovery, it is rarely unsuccessful.

There are also cases of spontaneous recovery.

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